PATENT APPLICATION FEE DETERMINATION RECO								_	Application or Dockel Number				
Effective October 1, 2003								IN 814,049					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER TI			R THAN		
Г	TOTAL CLAIM	as 30	2	•		•	1	RATE	I. FEE	¬̈́	RATE	FEE	
F	OR			NUMBER FILED		NUMBER EXTRA		BASIC F	_	7	BASIC FE		
Ŀ	OTAL CHARGEABLE CLAIMS		30 1	30 minus 20=		. 10		XS 9=			7000	180	
IN.	DEPENDENT	CLAIMS	3			.e		X43=		OF	\\\	100	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR			
• 1	* If the difference in column 1 is less than zero, enter "O" in column 2							TOTAL		OR	<u> </u>	950	
<u>ت</u>	3/6/06 (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUM8 PREVIOUS PAID F	ER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	1.30	Minus		0	- 0		X\$ 9=		ОЯ	X\$18=		
A	Independent	· 3	Minus		<u>3 ·</u>	= <i>U</i> .		X43=		OR	X86= .	\bigvee	
	1 1 1, 16, 28							+145=		ОЯ	+290=		
\leq	9/2/1 '							TOTAL	- B	OR	TOTAL ADDIT. FEE		
_	15/0	(Column 1)		(Coturni		(Column 3)	,						
ENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	A ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENOMENT	Total	.25	Minus	-3	0	. <i>-</i>	Γ	X\$ 9=		OR	X\$18=		
	Independent	<u> 2 </u>	Minus	- 3		•	T	X43= ·	·	OR	X86=	\/	
1	FIRST PRESE	ENTATION OF ML	ILTIPLE DE	PENDENT C	LAIM		ŀ	+145=			+290=	X	
										OR	TOTAL	/ \	
ADDIT FEE										OR ⊿	DOIT. FEEL		
J	`	(Column 1)		(Column HIGHES		Calumn 3)		· · · ·					
		REMAINING AFTER AMENDMENT		NUMBEI PREVIOUS PAID FO	SLY	PRESENT EXTRA	ı	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	[ota]		Minus	••		-		X\$ 9=	FEE		X\$18=	FEE	
1	ndependent	•	Minus .	•••		-	\vdash			~`` 			
1	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	X43=		OR	X86=		
11 *	ha antru in enter	145=		OR L	+290=								
- # (If the entry in column 1 is less than the entry in column 2, write "U" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DIT, FEE		
Th	e *Highest Num	ber Previously Paid	For (Total or	independent)	p nie y ez arau :	s, enter 3," ighest number fo	bnuc	in the app	opriate box				
•	•							•					